

Research Update is published by the Butler Center for Research to share significant scientific findings from the field of addiction treatment research.

RESEARCHUPDATE

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Outcomes of Alcohol/Other Drug Dependency Treatment

What are Successful Outcomes?

When treatment providers conduct patient follow-up studies, abstinence is a key measure of success. Other factors such as employment or legal problems, health care utilization, quality of life, and psychosocial adjustment are also commonly recorded. Success is measured from patient self-report data, with verification often gained from relatives, friends, and/or laboratory tests (e.g., urinalysis), or public records.

Good outcomes yield benefits for addicted persons and their families, as well as significant savings to society in terms of decreased costs for medical, social, and criminal justice services.

What Does the Research Show?

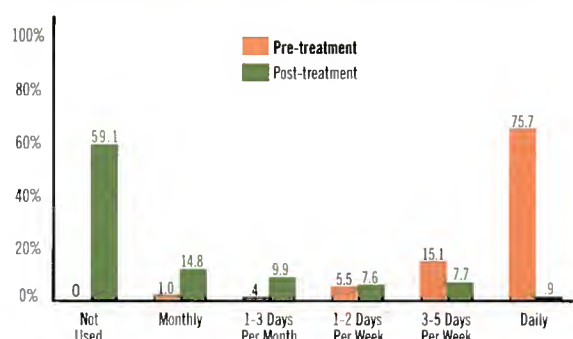
Treatment has helped thousands of people obtain long-term abstinence and improved quality of life. One aggregate study of 3,304 patients from treatment centers across 13 states found that at least 40 percent were abstinent for the full year after treatment, and at least one-third were totally abstinent for two years¹. A study of 1,286 patients from seven inpatient programs reported that 57 percent of subjects were abstinent six months after treatment.²

McLellan et al.³ studied patients from four different private programs (two inpatient, two outpatient) and found that 59 percent of the subjects were abstinent from alcohol six months after treatment.

Many studies^{12,4} show a strong correlation between high abstinence rates and compliance with aftercare and/or participation in A.A., and thus help confirm that addiction needs to be treated as a chronic illness.

McLellan et al.⁵ and other researchers^{6,7} have documented the variability of treatment effectiveness among treatment programs. McLellan found significant differences in outcomes, with the better six-month outcomes related to greater quantity and range of services delivered. Patient factors, such as more severe dependence, poorer social and economic supports, and worse psychiatric problems, are generally related to poorer outcomes after treatment.^{8,6}

Comparison of Pretreatment and 12-month Follow-up Highest Frequency of Alcohol/Drug Use for cases with data at both assessments.



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THE HAZELDEN EXPERIENCE

The Minnesota Model of treatment is a common treatment approach and the model practiced at Hazelden. A study⁹ of 1,083 clients treated using this model at Hazelden shows outcomes similar to those reported by other private treatment programs and demonstrates that the Minnesota Model yields satisfactory results. In this study, 53% maintained abstinence during the year after treatment and an additional 35% reduced their use. Between 70-80% reported an improved quality of life in such areas as relationship with family, and friends, job performance, and ability to handle problems. The response rate in the study was 71%; significant others were contacted to check on reliability of information.

CONTROVERSIES & QUESTIONS

Recovery from alcohol/drug dependence is a complicated process. Yet, research usually reflects small pieces of recovery—not the big picture. For example, someone struggling in early recovery may relapse before getting onto a solid path of recovery. At the same time, she or he might be attending A.A., improving relationships with others, being more responsible at work, and, in general, progressing in a positive direction. Most people would consider this a treatment success.

At the opposite extreme, someone might achieve total abstinence, but remain a tyrant at home, irresponsible at work, and in constant trouble with the law. Even with the abstinence, most people would be reluctant to categorize this as a resounding treatment success. We do not yet have a good way to research and report the complex course of recovery.

There are many other questions about understanding treatment outcomes:

- What length-of-stay, setting, number, and types of services are needed to produce good outcomes?
- Do pharmacological methods improve psychosocial approaches for some people? If so, for whom?
- How does each treatment approach affect the course and pattern of recovery over the long term?

Research that focuses on measuring the process of recovery and best methods to help people enter into and sustain their recovery will help answer these questions.

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Morgenstern and McCrady⁷ have studied processes that promote good outcomes; they point out the trend to integrate behavioral treatment concepts with traditional Twelve Step treatment. In traditional Twelve Step alcohol and other drug dependency treatment, greater commitment to A.A. and belief in a Higher Power have been shown to predict reduced severity of relapse among those who do relapse.⁸

A treatment model that combines the principles of Twelve Step programs with professional counseling has been evaluated in both an inpatient and outpatient format. Two controlled, randomized studies have compared the effectiveness of the multidisciplinary Minnesota Model approach to treatment with alternative recovery options; both showed favorable results for the Minnesota Model.^{9,10} A Project MATCH Research Group study¹⁷ assessed benefits of matching alcohol-dependent clients to various types of treatment based on individual needs. Results represent the first controlled, randomized study comparing a Twelve Step treatment approach with other treatment methods. Outcomes from the Twelve Step treatment approach were comparable, sometimes better, than other therapies employed in the study.

The total economic cost of substance abuse was an estimated \$240 billion in 1990 for the United States.¹¹ A review of cost-benefit, or cost-offset, studies of addiction treatment by Langenbucher et al.¹² found that treatment is not a costly add-on to health care, but rather an important cost-saving component. Other cost-benefit analyses support that conclusion,¹³⁻¹⁵ including one that found for each dollar invested in treatment in California, taxpayers saved \$7 in reduced health and social costs.¹⁶

How to Use This Information

Results of recent studies^{17,18} indicate that a treatment approach that includes the Twelve Steps of Alcoholics Anonymous (A.A.), a basic element of the Minnesota Model, can be as effective as other treatment approaches.

In general, the literature on treatment effectiveness suggests that a variety of treatment approaches can be effective with addicted persons. Among the various treatment programs available, some may be more effective than others because of differences in the nature and amount of treatment services provided. It is important for those seeking help for alcohol and other drug dependence to find the treatment approach and counselor that work well for them: if one type of treatment does not appear to work, other options should be sought rather than giving up.

Consumers and payors reviewing treatment options can seek quality by asking for and comparing outcome data for a particular program. They should look for:

- have services for the major problems presented by the addicted individual
- provide individual treatment plans
- provide individual and group counseling
- provide and encourage continuing care following residential or intensive outpatient treatment encourage and facilitate A.A. involvement.

Treatment works; there is hope for people with addictions.

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The Butler Center for Research informs and improves recovery services and produces research that benefits the field of addiction treatment. We are dedicated to conducting clinical research, collaborating with external researchers, and communicating scientific findings.

Patricia Owen, Ph.D., Director

If you have questions, or would like to request copies of Research Update, please call 800-257-7800 ext. 4405, email butlerresearch@hazelden.org, or write BC 4, P.O. Box 11, Center City, MN 55012-0011.

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